

Abraham Lincoln Presidential Library 'Veterans Remember' Biographical Data

PLEASE PRINT CLEARLY

Veteran Civilian

_____ first _____ middle _____ last _____ maiden

Address _____

City _____ State _____ ZIP _____

Telephone (_____) - _____ Email _____

Place of Birth _____ Birth Date _____

mm / dd / yyyy

Race/Ethnicity (*optional*) _____ Male Female

Branch of Service or Wartime Activity _____

Battalion, Regiment, Division, Unit, Ship, etc. _____

Highest Rank _____ Prisoner-of-war? Yes No

Enlisted Drafted : Service dates _____ to _____

War(s) in which individual served _____

Locations of military or civilian service _____

Did the veteran or civilian sustain combat or service-related injuries? Yes No

Medals or special service awards. If so, please list (be as specific as possible):

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Are photographs included? Yes No (If yes, please complete the Photograph Log in this kit.)

Are manuscripts included? Yes No (If yes, please complete the Manuscript Data Sheet in kit.)

Does the veteran or civilian have field maps Yes No

Wartime-related home movies that he or she would like to share with the Library of Congress?

Yes No (If yes, we will contact you shortly.)

Interviewer _____

Abraham Lincoln Presidential Library Oral History Program

Please use reverse for additional biographical information.
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Additional Information: